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PLACE OF BIRTH	ARIZONA STAT	E BOARD OF HEALTH FICS State Index No.130
ct of Slubby OR	IGINAL CERTIFICATE OF	BIRTH Co. Register No. 05
of LAV. V.		Local Registrar's No
of (N	lo	St;Ward)
L NAME OF CHILD Mana	(om local registrar. Born YES
Twin, Triplet or other	and Number Legith	(Month) (Day) (Yr.)
Sim Elan	Full Maiden Name Wa	rgantil vola Orenshaw
ence 81/2 E. Musq	Residence	ml Arration 10
Age at last Birthday	(Years) Color or Race	Age at last 33 Birthday (Years)
Lace Justinaine de	Birthplace D	eatte Washington
Carpenter	Occupation	Dousembe 0
i child of this mother Number of Children,	of this mother, now living Were pre	ecautions taken against Ophthalmia noonatorum?
CERTIFICATE (OF ATTENDING PHYSICIAN	OR MIDWIFE*
by certify that I attended the birth	of the above child; and that it o	occurred on March \$ 191 , at 1 9M.
Vhen there is no attending physior midwife, then the householder ld make this return.	(Signature) (Atto	ending physician, inid-rife, householder.*)
n or Christian name added from a	_ Address_	~
mental report191	Filed WW 12 1917.	60 E W BOCAL REGISTRAR.
138 - 30F1 - 1466 COUNTY REGISTRAR.	Filed AT 12_1917.	COUNTY REGISTRAR.